

05/25

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last) <i>Chee, Jr.</i>	(First) <i>Albert</i>	(Middle) <i>D.K.</i>	TELEPHONE <i>682-2313</i>
MAILING ADDRESS (Street) <i>91-480 Malakole Street</i>			FAX
(City) <i>Kapolei</i>	(State) <i>HI</i>	(Zip Code) <i>96707</i>	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <i>Chevron U.S.A. Inc.</i>		TELEPHONE <i>682-2313</i>
MAILING ADDRESS (Street) <i>91-480 Malakole Street</i>		FAX <i>682-3116</i>
(City) <i>Kapolei</i>	(State) <i>HI</i>	(Zip Code) <i>96707</i>
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT <i>Mr. Philip M. Bitter</i>		TELEPHONE <i>925-842-3416</i>
MAILING ADDRESS (Street) <i>6001 Bollinger Canyon Rd., A-2136</i>		FAX <i>925-842-3610</i>
(City) <i>San Ramon</i>	(State) <i>CA</i>	(Zip Code) <i>94583</i>

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use Management

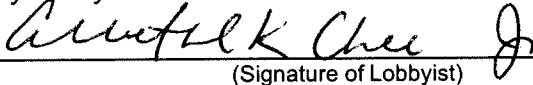
Other: (indicate below)

Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

ENERGY

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

1/11/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Mr. Phillip M. Bitter

Manager, State Gov't Relations

NAME OF ORGANIZATION (if applicable)

Chevron U.S.A. Inc.

TELEPHONE

925-842-3416

MAILING ADDRESS (Street)

PO Box 6016

FAX

925-842-3610

(City)

(State)

(Zip Code)

San Ramon

CA

94583-0716

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1/22/07

(Date)